

Rural Health Care Program: WC Docket No. 02-60

The Prince George County Health Department of the Virginia Department of Health requests a waiver/appeal of the USAC's Decision for Funding Request Number 1687757

Virginia Department of Health
Prince George County Health Department
FY 16

Prince George County Health Department Demand for Payment

BACKGROUND

For Funding Year 16 the Universal Service Administrative Company (USAC) applied the results of 2010 US Census. This is used to determine if a Health Care Provider (HCP) is located in a designated rural census tract.

Action: Using the tool provided by USAC to determine "rurality", South River Consultants, LLC (SRC, LLC) searched the VDH Health Department sites to see if any sites went from a "urban" designation to a "rural" designation. SRC, LLC determined that the following sites were now eligible for support: **Prince George County HD**, Campbell County HD, and Botetourt County HD.

With this information we submitted the Form 465's for support. We used the USAC tool to determine rurality and uploaded that information. USAC appeared to use the same tool and determined that the Prince George County HD was in Census Tract 8504 which is rural.

USAC also uploaded a copy of the report into MY PORTAL. (see attached)

Sometime after the filing, it appears, the Census Tract line was adjusted and the Prince George County HD, then fell in the 8503.01 census tract, and reverted back to urban.

SRC, LLC and USAC, at the time of filing both agreed that the Prince George County HD was rural. In our appeal we argue that USAC should rescind the "Notification of Demand for Payment Letter".

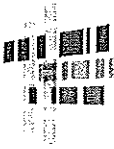
Prince George County Health Department
ADMINISTRATIVE ACTION

On May 25, 2018, USAC issued the Notification of Commitment Adjustment Letter to the Prince George County Health Department. The letter was received during the filing window period for FY 18 funding. As you know there is a limited time window in which to file all the required paperwork to received Universal Service Fund support. Because of

the demand for support for FY 17 the USAC pro rated the amount of support each eligible site would receive. Then USAC was able to receive funding that would allow eligible participants to receive their full support. The Prince George County Health Department then had to go to the service provider and submit additional forms for this support. After these actions were addressed the Prince George County Health Department researched and submitted documentation to USAC to support their claim against the recovery of funds.

Prince George County Health Department
FCC ACTION

The Prince George County Health Department requests that the Federal Communications Commission direct the Universal Service Administrative Company to terminate it's recovery of funds under the funding request number (FRN) 1687757 in the Telecom Program.



Universal Service
Administrative Co.

Rural Health Care Division

Notice of Dismissal

Via Electronic Mail

August 9, 2019

Ms. Roxanne Marr Shears
Prince George County Health Department
6450 Administration Drive
Prince George, VA 203875

Re: Prince George County Health Department – Appeal of USAC's Decision
for Funding Request Number 1687757

Dear Ms. Roxanne Marr Shears:

The Universal Service Administrative Company (USAC) has completed its evaluation of the August 9, 2018 letter of appeal (Appeal) submitted on behalf of Prince George County Health Department (Prince George), health care provider number 48422.¹ On May 25, 2018, USAC issued a Notification of Commitment Adjustment Letter (COMAD Letter) seeking recovery of funds disbursed to Prince George in the Rural Health Care Telecommunications Program (Telecom Program) for funding year 2016 (FY 2016).² The Appeal requests that USAC terminate its recovery of funds under FY 2016 funding request number (FRN) 1687757 in the Telecom Program.³

USAC has reviewed the Appeal and the facts related to this matter and has determined that Prince George failed to submit its Appeal within 60 days from the date of USAC's decision (*i.e.* May 25, 2018). Federal Communications Commission (FCC) rules require any party aggrieved by a USAC decision to file an appeal with USAC within 60 days from the date of

¹ See Email from Cheryl D. Sullivan, South River Consultants, LLC on behalf of Prince George County Health Department, to the Rural Health Care Division, USAC (Aug. 9, 2018) (Appeal).

² On May 25, 2018, USAC issued a Notification of Commitment Adjustment Letter (COMAD Letter) notifying Prince George that it was seeking recovery of funds disbursed to Prince George under FRN 1687757. See Letter from the Rural Health Care Division, USAC to Roxanne Marr Shears, Prince George County Health Department (May 25, 2018) (*COMAD Letter*). Subsequently, as the next step in USAC's Commitment Adjustment process, USAC issued a Demand for Payment Letter informing Prince George that it was required to submit the balance of the debt as indicated in the COMAD Letter. See Notification of Demand for Payment Letter from the Rural Health Care Division, USAC to Roxanne Marr Shears, Prince George Department of Health (Aug. 1, 2018). USAC clarifies that its decision to recover funds from Prince George was specified in the COMAD Letter, and, that the issuance of the demand for payment letter was a follow-up to USAC's COMAD process, and not a separate action. Therefore, USAC is considering Prince George's appeal as an appeal of the decision given in its COMAD Letter.

³ See Appeal.

Ms. Roxanne Marr Shears
Prince George County Health Department
August 9, 2019
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the decision.⁴ Because granting the requested relief in this case would require a waiver of the appeal filing deadline, USAC dismisses the Appeal.⁵

If you wish to appeal this decision or request a waiver, you can follow the instructions pursuant to 47 C.F.R. Part 54, Subpart I (47 C.F.R. §§ 54.719 to 725). Further instructions for filing appeals or requesting waivers are available at:

<http://www.usac.org/about/about/program-integrity/appeals.aspx>

Sincerely,

/s/ Universal Service Administrative Company

cc: Cheryl D. Sullivan, South River Consultants

⁴ See 47 C.F.R. § 54.720(b).

⁵ See 47 C.F.R. § 54.719(c) ("Parties seeking waivers of the Commission's rules shall seek relief directly from the Commission.").

To File an Appeal with the FCC:

Parties that are seeking a waiver of FCC rules or that have filed an appeal with USAC and received a decision may, if they choose, appeal USAC's decision to the FCC. You must submit your appeal to the FCC within 60 days of the date when USAC issued the decision.

On all communications with the FCC, be sure to reference the appropriate Docket No:

- High Cost Program: WC Docket No. 10-90
- Lifeline Program: WC Docket No. 11-42
- Rural Health Care Program: WC Docket No. 02-60
- E-rate Program: CC Docket No. 02-6

- Contributions: WC Docket 06-122

Electronic Delivery

The FCC recommends filing appeals with the Electronic Comment Filing System (ECFS) to ensure timely filing. You can find instructions for using ECFS on the ECFS Online Manual page of the FCC's website. The FCC will consider electronic appeals as filed on a business day if they are received before midnight ET. If you have questions or comments about using the ECFS, please contact the FCC directly at (202) 418-0193 or via email.

For more information about submitting appeals to the FCC, including options to submit the appeal via U.S. mail or hand delivery, visit the FCC's website. See Sections 54.719-54.725 of the FCC's rules for further information regarding filing an appeal.

Health Care Providers Universal Service
Description of Services Requested & Certification Form**Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**

Form 465 Application Number (assigned by RHCD) 43165586

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 48422	2 Consortium Name	
3 HCP Name Prince George County Health Department	4 HCP FCC Registration Number (FCC RN) 0013623459	
5 Contact Name Roxanne Marr Shears		
6 Address Line 1 6450 Administration Drive		
7 Address Line 2	8 County Prince George	
9 City Prince George	10 State VA	11 ZIP Code 23875
12 Phone # (804) 863-1652	13 Fax #	14 E-mail roxanne.marrshears@vdh.virginia.gov

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?	<input checked="" type="checkbox"/> Yes, complete Block 2 <input type="checkbox"/> No, go to Block 3.	
16 Contact Name Cheryl D Sullivan	17 Organization South River Consultants, LLC	
18 Address Line 1 1677 Octonia Road		
19 Address Line 2		
20 City Stanardsville	21 State VA	22 ZIP Code 22973
23 Phone # (434) 989-1383	24 Fax #	25 E-mail southriverconsultants@gmail.com

Block 3: Funding Year Information

26 Funding Year (Check only one box)
<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017) <input type="checkbox"/> Year 2017 (7/1/2017-6/30/2018) <input type="checkbox"/> Year 2018 (7/1/2018-6/30/2019)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)	
<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input checked="" type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.
See Attached**Block 5: Request for Services**

30 Is the HCP requesting reduced rates for:
<input type="checkbox"/> Both Telecommunications & Internet Services <input checked="" type="checkbox"/> Telecommunications Service ONLY <input type="checkbox"/> Internet Service ONLY

Block 6: Certification

31 <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
32 <input checked="" type="checkbox"/> I certify that the health care provider has followed any applicable State or local procurement rules.	
33 <input checked="" type="checkbox"/> I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.	
34 <input checked="" type="checkbox"/> I certify that the health care provider is a non-profit or public entity.	
35 <input checked="" type="checkbox"/> I certify that the health care provider is located in a rural area. Visit the Eligible Rural Areas Search Tool on the Telecommunications Program web page at http://usac.org/rhc/telecommunications/tools/rural/search/search.asp or contact RHCD at (800) 453-1546 for a listing of rural areas.	
36 <input checked="" type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.	
37 Signature Electronically signed	38 Date 25-May-2016
39 Printed name of authorized person Cheryl D Sullivan	40 Title or position of authorized person President
41 Employer of authorized person South River Consultants, LLC	42 Employer's FCC RN 0013109111

Please remember:

- ♦ Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- ♦ After the HCP submits a complete and accurate Form 465, RHCD will post it on the RHCD web site for 28 days.
 - ♦ HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
 - ♦ After the HCP selects a service provider, the HCP must initiate the next step in the application process, the filing of Form 466 and/or 466A.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

29 Please describe the eligible health care providers telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Request broadband service to support interactive patient consultations, transfer of patient information, images, registration and transfer of lab data. Vendor must demonstrate circuit reliability to 99.9%. DO NOT CONTACT HCP directly. Vendors must submit quotes for all the following sites: Prince George County Health Department, Campbell County Health Department, Botetourt County Health Department, Pulaski County Environmental Health Department



Universal Service
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User: southriverconsultants@gr
HCP Name: Prince George Count
HCP Number: 48422

[Contact RHC](#) | [HCF](#) | [About My Portal](#)

My Documents allows you to store and manage documentation related to an HCP's application process. This can include:

Supporting documentation that must be included with the HCP's FCC forms, such as bills, contracts, and urban rate documentation

Communication between the HCP's account holder(s) and RHC, such as emails, Funding Commitment Letters (FCLs), and HCP Support Schedules (HSS)

Other information used in the application process such as a scoring matrix, bids, or email and phone logs related to the competitive bidding process

The PDF of the submitted form and all emails related to the application process will be contained under in the section called

MY FORMS	MY DOCUMENTS	MY CONTRACTS	MY HCPS	HCP Name: Prince George County Health Department HC
Documents Submitted				
<ul style="list-style-type: none">2016<ul style="list-style-type: none">465 (43165586)<ul style="list-style-type: none">HCP Supporting DocumentationRHC Documents<ul style="list-style-type: none">Automated emails<ul style="list-style-type: none">Form465 Electronically Submitted.htmlPosted 465.htmlSubmitted forms<ul style="list-style-type: none">Submitted Form 465.pdfApproved Form 465.pdfVA Health Department Forms 465 (48422 48423 48424 48426) - Authorization.msgRevised LOA VDH May 2016.PDFPrince George County Health Department - Census Tract.PNG466 (1687757)<ul style="list-style-type: none">CorrespondenceContract2017				
Information Requested				
You have no requested information at this time.				
<div>« « » »</div>				

[Terms and Conditions](#)

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Version 2.31.0.5

Best Geocode Output Census Values

Census Year	1990	2000	2010
Census Block			4014
Census Block Group			4
Census Tract			8504.00
Census County FIPS			149
Census Place FIPS			64560
Census MSA FIPS			6760
Census MCD FIPS			90328
Census CBSA FIPS			40060
Census CBSA Micropolitan			0
Census MetDiv			
Census State FIPS			51